

**Montana Board of Realty Regulation**  
**301 South Park Avenue 4<sup>th</sup> Floor**  
**PO Box 200513**  
**Helena MT 59620-0513**  
**PHONE: 406-444-2961 FAX: 406-841-2323**  
**E-MAIL: [dlibsdrre@mt.gov](mailto:dlibsdrre@mt.gov)**  
**WEBSITE: [www.realestate.mt.gov](http://www.realestate.mt.gov)**

## **APPLICATION PROCEDURES FOR REAL ESTATE BROKER RECIPROCITY LICENSE**

**PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL  
REQUIRED DOCUMENTATION**

### **LICENSING REQUIREMENTS:**

- Must hold an active real estate license in a jurisdiction with a reciprocal agreement.
- Must maintain your active resident license to continue holding a reciprocity license.

### **FEES FOR LICENSURE THROUGH 12/31/2001: (Check each that apply)**

- ☐ \$100.00 if not currently licensed in Montana.
- ☐ \$100.00 if currently licensed as a Salesperson in Montana and expiration date is 12/31/2001.
- ☐ \$ 40.00 if currently licensed as a Salesperson in Montana and expiration date is 12/31/2003.  
The new expiration year will be 12/31/2001.
- ☐ \$ 35.00 Recovery Fee if not currently licensed in Montana.

**\*Make check or money order payable to the Montana Board of Realty Regulation\***  
**DO NOT SEND CASH**

**APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:** The following information and/or documentation is required. **A license will not be issued until all materials are received and approved.**

1. Completed application form and fees.
2. A list of employment for the past five (5) years by occupation, time employed, name & address of employer. Include periods of unemployment, semi-retirement, etc. Do not leave any time gaps in the 5-year history.
3. An original certified license history from any licensing jurisdiction in which a current license or in which a license has been previously issued.
4. A 2x2 photo attached to the application form in the space provided.
5. Completed Brokers Agreement and Jurisdiction

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Applicant must attach a photograph of himself / herself. The photograph must have been taken within the last year

For Office Use Only

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

## Application for Licensure as a Broker

**Application is made for: (Check One)**

**Examination**

**Reciprocity**

**Application is made by: (Check One)**

**Waiver (Prior Approval Required)**

**Equivalency (Prior Approval Required)**

1. FULL NAME

Last

First

Middle

2. OTHER NAME(S) KNOWN BY

3. BUSINESS NAME

4. BUSINESS ADDRESS

Street Address

City and State

Zip

Country

MAILING ADDRESS (If Different)

PO Box #

City and State

Zip

Country

5. HOME ADDRESS

Street or PO Box #

City and State

Zip

Country

E-MAIL ADDRESS

WEB SITE ADDRESS

6. TELEPHONE

Business

Home

Fax

7. SOCIAL SECURITY NUMBER

FOREIGN ID NUMBER

Male

8. DATE OF BIRTH

Month/ Day/Year

AGE

PLACE OF BIRTH

City/State

Female

9. LICENSE NAME

(State your name as it should appear on the license if granted.)

10. TRUST ACCOUNT #

BANK NAME

BANK LOCATION

11. List all real estate broker examinations that you have taken and the results. Attached additional sheet if necessary.

State Taken In	Exam Date	Results

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

12. Have you ever been denied the right to take a licensure examination in any state?  
If yes, attach a detailed explanation. Yes No
13. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?  
If yes, attach a detailed explanation. Yes No
14. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. Yes No
15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?  
If yes, attach a detailed explanation. Yes No
16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. Yes No
17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. Yes No
18. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, or involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit:  
(1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16<sup>th</sup> birthday. If yes, attach a detailed explanation. Yes No
19. Have you ever been charged with fraud, formally or informally, in any civil proceeding?  
If yes, attach a detailed explanation. Yes No
20. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. Yes No
21. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. Yes No
22. Do you currently hold any type of license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary.) Yes No

State/Province/Territory	License Number	Date Issued	Is It Current	Type of License

## AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Real Estate Broker's license is issued to me, I agree to conduct my Montana real estate business in Accordance with the laws of Montana and the rules of the Board of Realty Regulation.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_

Notary Public

SEAL

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_.

**Complete this form only if you are applying for a reciprocal license.**

**MONTANA BOARD OF REALTY REGULATION**

**BROKER'S/SALESPERSON'S AGREEMENT AND CONSENT TO JURISDICTION**

I, \_\_\_\_\_, a duly licensed real estate broker/salesperson, resident in and am licensed by the State of \_\_\_\_\_ do hereby acknowledge, declare and state as follows:

1. That I have make application to the regulatory body of the State of \_\_\_\_\_ to grant a reciprocal license in said State. I acknowledge that I have read and fully understand the terms and provisions of the reciprocal agreement between the State of my residence and State of application.
2. I further understand and acknowledge that with respect to my activities in the State of my residence, that I shall continue to be subject to the statutes, rules and regulations of the regulatory body in said State. Further, I acknowledge that with respect to my activities under and pursuant to a reciprocal license issued in accordance with my application that I will be subject to the laws, rules and regulations of the applicant State and I do consent to the jurisdiction of the regulatory body of the applicant State with respect said activities.
3. I further understand and acknowledge that in the event of any investigation of my activities under the reciprocal license of the applicant State that the regulatory body of my State of residence may and will cooperate and assist in said investigation.
4. Further, I do acknowledge that I have signed this agreement with the understanding that it is a material part of my application for a reciprocal license in the applicant State in order to secure the issuance of such reciprocal license from said applicant State.

Done and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Broker/Salesperson – Applicant

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
City/State

Notary Public

SEAL

For the State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_.